10/19/2007 17:13

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### **FEC** FORM 3X

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

		For Oth	ier i nan An	Autnorize	ea Comm	ittee		Office Use	Only	
1.			MAILING LAE E OR PRINT	_	xample:If typi ver the lines	ng, type				
L	American Podiatric Medical A	ssn., Inc.	Podiatry Politic	cal Action Co						
Ш										
AD	DRESS (number and street)	9312 (	Old Georgetown	Road	1 1 1				1 1 1	
	Check if different than previously reported. (ACC)	Bethes	sda				MD	208	114 - 169	8
2.	FEC IDENTIFICATION NUM	BER '	<b>~</b>	CITY 🛋			STATE	Z	PCODE A	l .
	C00008839			3. IS THIS REPOR		NEW (N) OR		AMENDED (A)		
4.	TYPE OF REPORT (Choose One)  (a) Quarterly Reports:		Monthly Report Due On:	Feb 20 (M: Mar 20 (M: Apr 20 (M-	3)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)		Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)	Dec : (Non- Year	20 (M11) -Election Only) 20 (M12) -Election Only) 31 (YE)
	April 15 Quarterly Report(Q1 July 15 Quarterly Report(Q2 October 15 Quarterly Report(Q3	2) (0	c) 12-Day PRE-Electic Report for the	on 🔲	Primary (1 Convention	2P)	Gene	eral (12G)		off (12R)
	January 31 Quarterly Report(YE	≣)	E	Election on					n the State of	
	July 31 Mid-Year Report(Non-election Year Only) (MY)  Termination Report (TER)	(c	Post -Elect Report for the		General (3	00G)	Runc		Specinithe State of	cial (30S)
5.	Covering Period 0 9	0	1 200	7	through	0 9	3 0	2007		
	ertify that I have examined this Rope or Print Name of Treasurer	•	d to the best of r Gerald Peterson,		e and belief it	is true, correct	and compl	ete.		
Sig	nature of Treasurer Electron	ically File	ed by Dr. Gera	ald Peterson,	, DPM		Date	10 19	200	7
NO	TE : Submission of false, erron	eous, or i	ncomplete infor	mation may s	subject the pe	erson signing th	is Report to	o the penalties o	f 2 U.S.C 43	7g.
	Office Use								FORM 3>	(

FEC Form 3X (Rev. 02/2003)

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name American Podiatric Medical Assn., Inc. Podiatry Political Action Committee <sup>®</sup> D " D 0.9 0 1 2007 0.9 3 0 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand <sup>°</sup>2007 250015.81 January 1 (b) Cash on Hand at 289954.55 Begining of Reporting Period ..... 36002.61 403647.93 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 325957.16 653663.74 6(a) and 6(c) for Column B) ..... 28692.66 356399.24 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 297264.50 297264.50 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW

Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Report Covering the Period:

From:

м м 0 9 01

2007

To: 0 9 9

<sup>D</sup> 3 0

2007

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	14225.00	228693.12
	(ii) Unitemized	20567.00	162678.50
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	34792.00	391371.62
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	34792.00	391371.62
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
4. 5.	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
Ο.	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	1210.61	12276.31
8.			
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	36002.61	403647.93
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	36002.61	403647.93

### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	040.00	11070 50
Expenditures	942.66	11976.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	942.66	11976.53
Transfers to Affiliated/Other Party	0.00	0.00
Committees Contributions to	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	27750.00	335250.00
Independent Expenditure	21700.00	000200.00
(use Schedule E)	0.00	0.00
Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
(use Schedule F)		
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other	0.00	1011.00
Than Political Committees	0.00	1211.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	1211.00
. Other Disbursements	0.00	7961.71
. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds (c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	28692.66	356399.24
Total Federal Disbursements		
(subtract Line 21(a)(ii) from Line 30(a)(ii)	20222.22	20222
from Line 31)	28692.66	356399.24

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	34792.00	391371.62
34. Total Contribution Refunds (from Line 28(d))	0.00	1211.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34792.00	390160.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	942.66	11976.53
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	942.66	11976.53

## S

SCHEDULE A (FEC Form 3X)			Use separate schedule(s	(a)	FOR LINE NUMBER: PAGE 6/31		
	EMIZED RECEIPTS				(check only one)		
•••	EIVIIZED RECEIPTS		Detailed Summary Page	е	X 11a 11b 11c 12		
Ar	ny information copied from such Reports and Sta	tements may	v not be sold or used by any	v person f	13 14 15 16 17		
or	for commercial purposes, other than using the n	ame and add	dress of any political commit	ittee to so	licit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)						
	American Podiatric Medical Assn., Inc.	Podiatry F	Political Action Committe	tee			
Α.	Full Name (Last, First, Middle Initial) Dr. William H. Dabdoub		Date of Receipt				
	Mailing Address 100 Ayshire Ct.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code		Transaction ID: 14518184		
	Slidell	LA	70461-5034		Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C			125.00		
	Name of Employer	Occupatio Podiatric	n : Physician				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General	1	1925.0	20			
	Other (specify)		1925.0				
В.	Full Name (Last, First, Middle Initial) Dr. Jonathan A. Haber				Date of Receipt		
	Mailing Address 7 Aspen Dr.		09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code		Transaction ID: 14524394		
	North Caldwell	NJ	07006-4555		Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С			250.00		
	Name of Employer	Occupatio					
	Receipt For:	1	Physician e Year-to-Date ▼				
	Primary General	Aggregate	e rear-to-date V				
	Other (specify) ▼	0 0	250.0	00			
_	Full Name (Last, First, Middle Initial) Dr. Peter A. Miller				Date of Receipt		
C.	Mailing Address 1218 Painter Rd.				M M / D D / Y Y Y Y		
	211		7. 0 .		09 13 2007		
	City	State	Zip Code		Transaction ID: 14550151		
	Middlebury	VT	05753-8936		Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.			250.00			
	Name of Employer	n : Physician					
	Receipt For:						
	Primary General		e Year-to-Date ▼	00			
	Other (specify)	0 0	250.0	JU			
s	UBTOTAL of Receipts This Page (optional)			•	625.00		

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3X)			Llas congreta cohodula(a)	FOR LINE NUMBER: PAGE 7/31		
	EMIZED RECEIPTS	oco coparato conocario(c)		(check only one)		
•••	LIMIZED RECEIP 13	Detailed Summary Page		X 11a 11b 11c 12		
				13 14 15 16 17		
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and ado	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)					
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee			
A.	Full Name (Last, First, Middle Initial) Dr. Jay C. Goldstein			Date of Receipt		
	Mailing Address 2626 N.W. 83rd Pl.			09 12 2007		
	City	State	Zip Code	Transaction ID: 14550156		
	Portland	OR	97229-4151	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer	Occupation Podiatric	n Physician			
	Receipt For:		Year-to-Date ▼			
	Primary General			7		
	Other (specify) ▼		250.00			
В.	Full Name (Last, First, Middle Initial) Dr. Stephen G. Eichelsdorfer			Date of Receipt		
	Mailing Address 3126 Junegrass Ct.			09 14 2007		
	City	State	Zip Code	Transaction ID: 14555950		
	<u>Humble</u>	TX	77345-5431	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer	Occupation Podiatric	n Physician			
	Receipt For:	_	Year-to-Date ▼			
	Primary General Other (specify) ▼		500.00			
— С.	Full Name (Last, First, Middle Initial) Dr. Stephen M. Geller			Date of Receipt		
Ο.	Mailing Address 1739 W. Laurie Ln.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 14555959		
	Phoenix	AZ	85021-5258	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		300.00		
	Name of Employer	Occupation Podiatric	n Physician			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		300.00			
s	UBTOTAL of Receipts This Page (optional)			1050.00		
Ţ	OTAL This Period (last page this line number of	only)				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8/	31
	EMIZED RECEIPTS		or each category of the	(check only one)	
• •			Detailed Summary Page	X 11a 11b 11c 1.	
Ar	ny information copied from such Reports and Sta	tements may	not be sold or used by any perso		
or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee	e.
\	NAME OF COMMITTEE (In Full)				
/	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee		
۹.	Full Name (Last, First, Middle Initial) Dr. C. Michael Irvin			Date of Receipt	
	Mailing Address 31 Blair Ct.			09 14 20	
	City	State	Zip Code	Transaction ID: 14555960	
	Waynesburg	PA	15370-8246	Amount of Each Receipt this Perio	od
	FEC ID number of contributing federal political committee.	C		300	0.00
	Name of Employer	Occupation Podiatric	n Physician		
	Receipt For:		Year-to-Date ▼	†	
	Primary General		300.00		
	Other (specify) ▼		300.00		
3.	Full Name (Last, First, Middle Initial) Dr. Myron I. Krupp	_		Date of Receipt	
	Mailing Address 1105 LaPaloma Ct.			09 14 20	0.7
	City	State	Zip Code	Transaction ID: 14555964	
	Southlake	TX	76092-8704	Amount of Each Receipt this Period	od
	FEC ID number of contributing federal political committee.	C		250	0.00
	Name of Employer	Occupation		7	
			Physician	_	
	Receipt For:    Primary   General	Aggregate	Year-to-Date ▼		
	Other (specify)		250.00		
— C.	Full Name (Last, First, Middle Initial) Dr. Paula F. Raugellis			Date of Receipt	
	Mailing Address 131 Blair Ct.			M M / D D / Y Y Y	
				09 14 20	0.7
	City	State	Zip Code	Transaction ID: 14555977	
	Waynesburg	PA	15370-8277	Amount of Each Receipt this Perio	od
	FEC ID number of contributing federal political committee.	C		300	0.00
	Name of Employer	Occupation		7	
		1	Physician	_	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		300.00		
			0 0 0 0 0 0 0		
s	UBTOTAL of Receipts This Page (optional)			850	0.00
_	OTAL This Davied (last consult's Person 1	-1. \			
	OTAL This Period (last page this line number or	пу)	<b>&gt;</b>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9/31
ITEMIZED RECEIPTS		or each category of the		(check only one)
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_				13 14 15 16 17
or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and ado	r not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Perry V. Verleni			Date of Receipt
	Mailing Address 5330 Winhawk Way			09 14 2007
	City	State	Zip Code	Transaction ID: 14555982
	<u>Lutz</u>	<u>FL</u>	33558-8038	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Dr. Robert R. Vranes			Date of Receipt
	Mailing Address 2203 Fawnfield Ln.			09 14 2007
	City	State	Zip Code	Transaction ID: 14555983
	San Antonio	TX	78248-1926	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation Podiatric	ո Physician	
	Receipt For:	_	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	250.00	
_	Full Name (Last, First, Middle Initial)			Date of Bessiel
C.	Dr. Henry M. Asin  Mailing Address 1242 Westchester Dr.			Date of Receipt
	1242 Westchester Dr.			09 17 2007
	City	State	Zip Code	Transaction ID: 14556273
	Oklahoma City	OK	73114-1215	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
T	OTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10/31
ΙT	EMIZED RECEIPTS		or each category of the	(check only one)  X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.
<u> </u>	NAME OF COMMITTEE (In Full)		, p. 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
$\rangle$	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
۹.	Full Name (Last, First, Middle Initial) Dr. Roy R. Moeller			Date of Receipt
	Mailing Address 8879 Sylvan Ridge			09 / 17 / 2007
	City Eden Prairie	State MN	Zip Code	Transaction ID: 14556274
		IVIIN	55347-3337	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
 3.	Full Name (Last, First, Middle Initial) Dr. Deborah Sue Ross			Date of Receipt
-	Mailing Address 11 Donald Ln.			0 9 1 7 2 0 0 7
	City	State	Zip Code	Transaction ID: 14556275
	Ossining	NY	10562-3927	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		325.00	
 C.	Full Name (Last, First, Middle Initial) Dr. Randy K. Kaplan			Date of Receipt
	Mailing Address 6578 Post Oak Dr.			09 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14556276
	West Bloomfield	MI	48322-3830	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		750.00	
S	UBTOTAL of Receipts This Page (optional)			650.00
T	OTAL This Period (last page this line number on	ly)	<b>&gt;&gt;</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 31
ıT	EMIZED RECEIPTS		(check only one)	
11	II LIVIIZED RECEIP 13		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Podiatric Medical Assn., Inc.	Podiatry F	Political Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Daniel F. Ryan	Date of Receipt		
	Mailing Address 16288 Birchwood Ln	09 12 2007		
	City	State	Zip Code	Transaction ID: 14556368
	Brainerd	MN	56401-6183	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Bradley Dewayne Nelson			Date of Receipt
	Mailing Address 2409 Sunup Dr.			09 14 2007
	City	State	Zip Code	Transaction ID: 14556374
	Clinton	OK	73601-2905	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0	500.00	
С.	Full Name (Last, First, Middle Initial) Dr. William J. Warren			Date of Receipt
	Mailing Address 2900 Hwy. 180 W.			09 19 2007
	City	State	Zip Code	Transaction ID: 14569442
	Mineral Wells	TX	76067-8232	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:		e Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)		<b>h</b>	1000.00
1 -	1			

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 12/31		
	· ·		Use separate schedule(s) or each category of the	(check only one)		
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee			
Α.	Full Name (Last, First, Middle Initial) Dr. Joel W. Brook			Date of Receipt		
	Mailing Address 16226 Red Cedar Trl.			09 17 2007		
	City	State	Zip Code	Transaction ID: 14570748		
	Dallas	TX	75248-3940	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer	Occupation	n Physician			
	Receipt For:		Year-to-Date <b>V</b>			
	Primary General	Aggregate	Teal to Bate V	1		
	Other (specify) ▼		500.00			
			0 0 0 0 0 0 0	4		
В.	Full Name (Last, First, Middle Initial) Dr. David Alan Bernstein			Date of Receipt		
	Mailing Address 482 Virginia Ave.			M M / D D / Y Y Y Y		
				09 17 2007		
	City	State	Zip Code	Transaction ID: 14570749		
	<u>Paoli</u>	PA	19301-1230	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		100.00		
	Name of Employer	Occupation	n Physician			
	Pagaint For:		Year-to-Date <b>V</b>			
	Receipt For: Primary General	Aggregate	rear-10-Date V			
	Other (specify)	' '	350.00			
	caner (epecary) 🔻	0 0				
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Aaron W. Perkins, Jr.			Date of Receipt		
	Mailing Address 3 Opal Ct.			09 / 20 / Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 14570753		
	Johnson City	TN	37604-1499	Amount of Each Receipt this Period		
	FEC ID number of contributing			250.00		
	federal political committee.	C		250.00		
	Name of Employer	Occupation Podiatric	n Physician			
	Receipt For:		Year-to-Date ▼			
	Primary General		050,00	1		
	Other (specify)		250.00			
				272.22		
s	UBTOTAL of Receipts This Page (optional)		)	850.00		
$\vdash$			<del>`</del>			

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 31 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso Iress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
۹.	Full Name (Last, First, Middle Initial) Dr. Odin De Los Reyes			Date of Receipt
	Mailing Address 22 Wedge Dr.			09 20 2007
	City	State	Zip Code	Transaction ID: 14570756
	Meriden	CT	06450-6966	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self-Employed		Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1200.00	
3	Full Name (Last, First, Middle Initial) Dr. Michael E. Drespling			Date of Receipt
-	Mailing Address 294 James St.			09 20 2007
	City	State	Zip Code	Transaction ID: 14570757
	New Wilmington	PA	16142-3308	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer	Occupation		
	Receipt For:		Physician Year-to-Date ▼	-
	Primary General Other (specify) ▼	riggiogato	300.00	
).	Full Name (Last, First, Middle Initial) Dr. Shane M. Hollawell			Date of Receipt
	Mailing Address 1440 Garrett Dr.			09 19 2007
	City	State	Zip Code	Transaction ID: 14570770
	Wall Township	NJ	07719-9647	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer		Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			1050.00
	. 3 (1 -7			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14/31 (check only one)  X 11a 11b 11c 12
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	name and add	dress of any political committee to	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Craig Harold Stibal			Date of Receipt
	Mailing Address 6535 71st Ln.			09 21 2007
	City Loretto	State MN	Zip Code 55357-9711	Transaction ID: 14570829  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Gene J. Pusateri			Date of Receipt
	Mailing Address 33 Redfern Dr.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14576974
	Youngstown	OH	44505-1651	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	]
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Stephen H. Powless			Date of Receipt
	Mailing Address Park Nicollet Clinic 3900 Park Nicollet Blvd.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14576998
	Saint Louis Park	MN	55416-2620	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Park Nicollet Clinic	Occupation		
	Receipt For:		Physician	_
	Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify)		350.00	
s	UBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 15/31
ıT	EMIZED RECEIPTS		or each category of the	(check only one)
11	EIVIIZED RECEIP I 3		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	ry information copied from such Reports and State for commercial purposes, other than using the na	tements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\rangle$	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Scott A. Werter			Date of Receipt
	Mailing Address 1290 Strathmill Ct.			09 / 25 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14576999
	Myrtle Beach	SC	29575-5881	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify)		250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Lisa Cornelius			Date of Receipt
	Mailing Address 3206 N.W. Twinberry St.	0 9 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 14577001
	Corvallis	OR	97330-3341	Amount of Each Receipt this Period
	FEC ID number of contributing			100.00
	federal political committee.	C		400.00
	Name of Employer		Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		400.00	1
	Other (specify)		400.00	
_	Full Name (Last, First, Middle Initial)			Data of Bassist
C.	Dr. Donald James Carlson			Date of Receipt
	Mailing Address 711 N.W. 6th St.			09 25 2007
	City	State	Zip Code	Transaction ID: 14577002
	Pendleton	OR	97801-1319	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General			1 I
	Other (specify) ▼		300.00	
	UBTOTAL of Receipts This Page (optional)			950.00
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S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 16/31
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	ly information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		,,	
$\rangle$	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Robert M. Gerber			Date of Receipt
	Mailing Address 800 Austin St. W. Towe	r #508		$\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$
	City	State	Zip Code	Transaction ID: 14577157
	Evanston	IL	60202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	n Physician	
	Receipt For:		Year-to-Date <b>V</b>	$\dashv$
	Primary General	199.194		1
	Other (specify) ▼	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Dr. David S. Tarr			Date of Receipt
	Mailing Address 11 Jefferson Rd.			09 21 2007
	City	State	Zip Code	Transaction ID: 14583029
	Westford	MA	01886-3803	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	n Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Brian A. Dechowitz			Date of Receipt
	Mailing Address 127 Pine St.			09 / 24 / 2007
	City	State	Zip Code	Transaction ID: 14583031
	Harrisburg	PA	17101-1209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer	Occupation Podiatric	ո Physician	
	Receipt For:	1	Year-to-Date ▼	
	Primary General Other (specify)		300.00	]
_	<u> </u>			d .
٩	UBTOTAL of Receipts This Page (optional)			1050.00
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S	CHEDULE A (FEC Form 3X)		Llea coparata cabadula(s)	FOR LINE NUMBER: PAGE 17/31
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
TI EIMIZED TIEGEII 13			Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any perse dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
A.				Date of Receipt
	Mailing Address 2708 McGraw Dr.			09 24 2007
	City	State	Zip Code	Transaction ID: 14583032
	Bloomington	<u>IL</u>	61704-6012	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation Podiatric	ո Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Miller			Date of Receipt
	Mailing Address Affiliated Foot & Ankle	Spec. of C		M M / D D / Y Y Y Y
	1117 Hwy. 46 #201			09 24 2007
	City	State	Zip Code	Transaction ID: 14583038
	Clifton	NJ	07013-2450	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Affiliated Foot & Ankle	Occupation		
	Spec. of Clift		Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Cities (specify)	0 0		1
С.	Full Name (Last, First, Middle Initial) Dr. Scott Frederick Jorgensen			Date of Receipt
	Mailing Address 6917 Dawson Ln.			09 24 2007
	City	State	Zip Code	Transaction ID: 14583045
	Edina	MN	55435-1601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	n Physician	7
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		7
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
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Ιт	OTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18/31	
ITEMIZED RECEIPTS or each category			or each category of the	(check only one)	
• •			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17	7
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso		$\exists$
or		ame and add	dress of any political committee to	solicit contributions from such committee.	
\	NAME OF COMMITTEE (In Full)				
/	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee		
۹.	Full Name (Last, First, Middle Initial) Dr. Daniel L. Bangart			Date of Receipt	
	Mailing Address 7060 W. Surrey Ave.			09 / 26 / Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 14583053	
	Peoria	AZ	85381-5014	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer	Occupation Podiatric	n Physician		
	Receipt For:	1	Year-to-Date ▼	1	
	Primary General				
	Other (specify) ▼		250.00		
3.	Full Name (Last, First, Middle Initial) Dr. Paul F. Brezinski			Date of Receipt	
	Mailing Address 720 N. Kaspar Ave.			09 / 26 / Y Y Y Y	
	City	State	Zip Code	Transaction ID: 14583060	
	Arlington Heights	IL	60004-5324	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer	Occupation		7	
			Physician	_	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		250.00		
	Full Name (Last, First, Middle Initial) Dr. Malcolm D. Herzog			Date of Receipt	
	Mailing Address 5241 S. Cicero Ave.			M M / D D / Y Y Y Y	
				09 28 2007	
	City	State	Zip Code	Transaction ID: 14583078	
	Chicago	<u>IL</u>	60632-4916	Amount of Each Receipt this Period	1
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer	Occupation		7	
		1	Physician	_	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
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s	UBTOTAL of Receipts This Page (optional)			750.00	
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 19/31
	· ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Gary N. Grippo			Date of Receipt
	Mailing Address 270 Center St. #110			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: 14583165
	West Haven	CT	06516-4400	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	n Physician	
	Receipt For:		Year-to-Date <b>V</b>	$\dashv$
	Primary General	/ iggi ogalo	Tour to Bate V	1
	Other (specify) ▼		500.00	
				4
В.	Full Name (Last, First, Middle Initial) Dr. Brian B. Carpenter			Date of Receipt
	Mailing Address 181 County Rd. 1326			M M / D D / Y Y Y Y
				09 28 2007
	City	State	Zip Code	Transaction ID: 14583169
	Bridgeport	TX	76426-0238	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	1	
			Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify)		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Subodh K. Choudhary			Date of Receipt
٠.	Mailing Address 310 Raven Rd.			M M / D D / Y Y Y Y
	ord riaverria.			09 28 2007
	City	State	Zip Code	Transaction ID: 14583170
	Greenville	SC	29615-4248	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		300.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General	-	F00.00	1
	Other (specify) ▼	L	500.00	
s	UBTOTAL of Receipts This Page (optional)		)	1250.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 20/31
ITEMIZED RECEIPTS			or each category of the	(check only one)	
••	LIMIZED RECEIL 10		Detailed Summary Page	X 11a 11b	11c   12 15   16   17
۸۰	winformation aspired from such Benerte and St	estamenta mai	, not be cold or used by any norse	n for the purpose of coliciti	
or	ly information copied from such Reports and Si for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from s	uch committee.
$\setminus$	NAME OF COMMITTEE (In Full)				
$\rangle$	American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee		
A.	Full Name (Last, First, Middle Initial) Dr. Steven E. Damon			Date of Receipt	
	Mailing Address 399 N. Main St.	Ctoto	7in Codo	09 28	2007
	City Suffield	State CT	Zip Code 06078-1839	Transaction ID: 145	
		- 01	00076-1639	Amount of Each Rec	elpt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer	Occupation Podiatric	n Physician		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify) ▼		250.00		
В.	Full Name (Last, First, Middle Initial) Dr. Daniel Leonard Waldman			Date of Receipt	
	Mailing Address Blue Ridge Podiatry As 246 Biltmore Ave.	sociates		09 / 28	2007
	City	State	Zip Code	Transaction ID: 145	583230
	Asheville	NC	28801-4142	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer Blue Ridge Podiatry Assoc-	Occupation	n Physician		
	iates Receipt For:		e Year-to-Date ▼	_	
	Primary General	Aggregate	Teal to Bate V	1	
	Other (specify) ▼		250.00		
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Jay G. Levine			Date of Receipt	
	Mailing Address 5 Walnut Ct.			0 9 2 8	2007
	City	State	Zip Code	Transaction ID: 145	583231
	New City	NY	10956-5428	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer	Occupation Podiatric	n Physician		
	Receipt For:		e Year-to-Date ▼		
	Primary General		E00.00	1	
	Other (specify) ▼	0 0	500.00		
s	UBTOTAL of Receipts This Page (optional)				1000.00
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T	OTAL This Period (last page this line number	only)	<b>&gt;</b>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 31
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X   11a     11b     11c     12   15   16     17
Ar	v information copied from such Reports and Stat	ements may	not be sold or used by any perso	
or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ame and add	lress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
A.	<del></del>			Date of Receipt
	Mailing Address American Family Foot H 112 Whipple St. #101	eaith Cent	er	09 28 2007
	City	State	Zip Code	Transaction ID: 14611231
	Prescott	AZ	86301-1706	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer American Family Foot Heal-	Occupation	1	
	th Center	Podiatric	Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	, , ,	300.00	1
	Other (specify)	1 1		J
_	Full Name (Last, First, Middle Initial)			
В.	,			Date of Receipt
	Mailing Address Dr. Arturo Cadilla Bldg.			M M / D D / Y Y Y Y
	100 Paseo San Pablo #4		Zip Code	09 28 2007
	Bayamon	State PR	2ip Code 00959	Transaction ID: 14611234
	•	FN	00939	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
				_
	Name of Employer	Occupation	n Physician	
	Receipt For:		Year-to-Date <b>V</b>	_
	Primary General	riggregate		1
	Other (specify) ▼		250.00	
_				
C.	Full Name (Last, First, Middle Initial) Dr. Gregory L. Cooper			Date of Receipt
٥.	Mailing Address 8033 Paseo Del Ocaso			M M / D D / Y Y Y Y
				09 28 2007
	City	State	Zip Code	Transaction ID: 14611235
	<u>La Jolla</u>	CA	92037-3232	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer	Occupation	1	
			Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
	Outer (Specify) \		0 0 0 0 0 0 0	1
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s	UBTOTAL of Receipts This Page (optional)			650.00
	OTAL This Posted (lead once this Page 1)	L )		14225.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 31 (check only one)
ITEMIZED RECEIPTS			or each category of the	11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 🔀 17
An or	y information copied from such Reports and Stat- for commercial purposes, other than using the na	ements may ime and add	not be sold or used by any person dress of any political committee to	for the purpose of soliciting contributions solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. I	Podiatry P	olitical Action Committee	
۹.	Full Name (Last, First, Middle Initial) APMA Government Education Fund			Date of Receipt
	Mailing Address 9312 Old Georgetown Ro	oad		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14568646
	Bethesda	MD	20814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		942.66
	Name of Employer	Occupation	1	
	Receipt For:	Aggregate	e Year-to-Date ▼	1
	Primary General Other (specify) ▼		9974.36	Transfer Funds for Federal Operating Expenses
3.	Full Name (Last, First, Middle Initial) Citigroup/ Citigroup Global Markets Inc.			Date of Receipt
	Mailing Address 100 Light St., 19th Floor			09 / 30 / Y Y Y Y
	City	State	Zip Code	Transaction ID: 14633343
	Baltimore	MD	21202-1036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		267.95
	Name of Employer Citigroup Global Markets, Inc.	Occupation Investme		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		2298.31	Interest & Dividends on Investments

		1010.01
SUBTOTAL of Receipts This Page (optional)	•	1210.61
TOTAL This Period (last page this line number only)	<b>•</b>	1210.61

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5(	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 23/31
IT	<b>EMIZED DISBURSEMENTS</b>	for each category of the	(check only	
		Detailed Summary Page	X 21b 27	22 23 24 25 26 28 28 28b 28c 29 30b
	y Information copied from such Reports and for commercial purposes, other than using the	,	, ,	
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	American Podiatric Medical Assn., Ir	c. Podiatry Political Action Comr	nittee	
	Full Name (Last, First, Middle Initial)			Transaction ID: 14568647
۹.	Wachovia Bank, N.A.			Date of Disbursement
	Markey Address NOOTOO			$ \begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} $ $ \begin{bmatrix} D & D & D \\ 1 & 8 \end{bmatrix} $ $ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix} $
	Mailing Address NC8502 PO Box 563966			0 9 10 2007
	City	State Zip Code		Amount of Each Disbursement this Period
	Charlotte	NC 28262-3966		040.00
	Purpose of Disbursement Bank Fees		001	942.66
	Candidate Name	C	ategory/ Type	
	Office Sought: House D	sbursement For:		Bank Fees
	Senate	Primary General		bank rees
	President	Other (specify) ▼		
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	•	942.66
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	CHEDULE B (FEC FOIIII 3X)		Use seperate schedule(s)				E NUMBER: PAGE 24 /						
	EMIZED DISBURSEMENTS	Detailed S	category of the Summary Page		À	21b 27	22 28a	X 23	3b	24 28c	25	9	26 30k
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam												
$\rangle$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. Po												
Α.	Full Name (Last, First, Middle Initial) Peterson For Congress							saction of Disb	urseme	ent		γ ,	Y
	Mailing Address 26192 Floyd Lake Point	Road					0 9		10	] L	20	ŏ̃7	
	City Detroit Lakes	State MN	Zip Code 56501				Amou	unt of E	ach Dis	sburse		-	-
	Purpose of Disbursement				011				•		100	0.00	0
	Candidate Name Rep. Collin C. Peterson				atego Typo	•							
	Senate President X	ement For: Primary Other (spectrimary Electrimary											
_	Full Name (Last, First, Middle Initial)	minary Elec	CIIO				Trans	saction	ID: 14	 45479	01		
B.	Wexler for Congress Committee						Date	of Disb	urseme	ent		ŏ 7	Y
	Mailing Address 3403 Barton Road						0 9		10		20	0 7	
	City Pompano Beach	State FL	Zip Code 33062				Amou	unt of E	ach Dis	sburse		-	-
	Purpose of Disbursement				011				-	-	100	0.00	)
	Candidate Name Mr. Robert Wexler				atego Typo	-							
	Senate President X	ement For: Primary Other (spec											
— С.	Full Name (Last, First, Middle Initial)	rimary Elec	CTIO					saction			84		
Ο.	David Wu for Congress						Date 0 9	of Disb	urseme	/ Y	ý n	ŏ 7	Y
	Mailing Address 818 SW 3RD ST #1182												
	City Portland	State OR	Zip Code 97205				Amou	unt of E	ach Di	sburse		-	-
	Purpose of Disbursement			Г	011			-			100	00.00	)
	Candidate Name David Wu				atego Type	-							
	Senate President X	ement For: Primary Other (spe											
	State: OR District: 1 2008 P	rimary Elec	ctio										
s	UBTOTAL of Disbursements This Page (optional)										300	0.00	)
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	y Information copied from such Reports and Statem										5	
or	for commercial purposes, other than using the name	e and address of any political	comr	nittee to	SOIIC	it contric	outions tr	om such	comr	nittee		
$\rangle$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. Po	odiatry Political Action Co	omm	ittee								
	Full Name (Last, First, Middle Initial)							: 14524	465			
٩.	Citizens For Harkin						Disburs / D		V .	,	V	
	Mailing Address P O Box 811					0 9	] / [ ] .	10 /	<u>'</u> 2	0 0 7		
	,	State Zip Code IA 50304				Amoun	t of Each	Disburs	emer	t this P	eriod	_
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	Candidate Name			011 tegory/								
	Sen. Tom Harkin			ype								
		ement For: 2005										
	X Senate President X	Primary General Other (specify) ▼										
		eneral Electio										
3	Full Name (Last, First, Middle Initial)							: 14524	463			
٠.	Boyd for Congress Committee					Date of	Disburs	D /	Y Y	Υ Υ	Υ	
	Mailing Address P.O. Box 15703					0 9		10	2	0 ŏ 7		
	,	State Zip Code FL 32317-5703				Amoun	t of Each	n Disburs	emer	t this P	eriod	_
	Purpose of Disbursement				1					000.0	0	
	Candidate Name			011 tegory/								
	Mr. Allen Boyd		T	уре								
	Office Sought: X House Disburse Senate	ement For: 2008 Primary General										
		Other (specify)										
		rimary Electio										
).	Full Name (Last, First, Middle Initial)  David Price for Congress						Disburs		474			
	Mailing Address P.O. Box 1986					0 <sup>M</sup> 9 M	/ D	10 /	ÝŽ	0 ŏ 7	Y	
	,	State Zip Code NC 27602				Amoun	t of Each	n Disburs	emer	t this P	eriod	_
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	Candidate Name			011 tegory/	Ш							
	Mr. David Price			ype								
	Office Sought: X House Disburse Senate	ement For: 2008										
		Primary General Other (specify) ▼										
		rimary Electio										
s	UBTOTAL of Disbursements This Page (optional) .				<u> </u>				3	0.000	0	
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SCHEDULE B (FEC Form 3X)  Use seperate schedule(s)  FOR LINE NUI (sheek selvered)				PAC	GE 26/3	1					
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	y Information copied from such Reports and State for commercial purposes, other than using the nan							3			
$\rangle$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. P				<u> </u>						
۹.	Full Name (Last, First, Middle Initial) Tammy Baldwin For Congress				Transaction II  Date of Disbur	sement		V			
	Mailing Address P O Box 696				09 /	10 / Y	ž 0 ŏ 7				
	City Madison	State Zip Code WI 53701			Amount of Each Disbursement this Period						
	Purpose of Disbursement			011			1000.0	00			
	Candidate Name Rep. Tammy Baldwin	_		Category/ Type							
	Senate President	ement For: 2008 Primary Gener Other (specify)	al								
3.	Full Name (Last, First, Middle Initial) Nathan Deal For Congress	Timaly Liectio			Transaction II Date of Disbur		4				
	Mailing Address PO Box 902 PO Box 902				09 /	1 0 / Y	ž 0 ŏ 7	Y			
	City Gainesville	State Zip Code GA 30503			Amount of Eac	ch Disbursen					
	Purpose of Disbursement			011			2500.0	0			
	Candidate Name Rep. Nathan Deal			Category/ Type							
	Senate President	ement For: 2008 Primary Gener Other (specify)	al								
_	Full Name (Last, First, Middle Initial)	Primary Electio			Transaction II	<b>D</b> : 1452446	9				
٠.	Friends Of Carolyn Mccarthy				Date of Disbur		ž 0 0 7	Υ			
	Mailing Address 151 Linden Road	State 7:n Code									
	City Mineola	State Zip Code NY 11501	_		Amount of Eac	n Disbursen	1000.C				
	Candidate Name Rep. Carolyn McCarthy						1000.0				
	Office Sought:  X House Senate President  Disburs	Primary General Other (specify)	I al	Туре							
s	UBTOTAL of Disbursements This Page (optional)			<b>&gt;</b>			4500.0	0			
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S	CHEDULE B (FEC Form 3X)	'   LICA CANAPATA CONAMINACO   -				27 / 31					
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check only 21b 27	one) 22 X 23 28a 28b	24 28c	25 26 29 30b				
	y Information copied from such Reports and State for commercial purposes, other than using the nar										
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full)  American Podiatric Medical Assn., Inc. F										
۹.	Full Name (Last, First, Middle Initial) Andrews For Congress Committee			Transaction I	rsement	V * V * V					
	Mailing Address P.O. Box 295				09 /	10 / 2	2 0 0 7 Y				
	City Oaklyn	State Zip Code NJ 08107			Amount of Each Disbursement this Period						
	Purpose of Disbursement  Candidate Name			011			1000.00				
	Rep. Robert E. Andrews			Category/ Type							
	Senate President	ement For: 2008 Primary Genera Other (specify)	I								
	State: NJ District: 1 2008 F	Primary Electio				===					
3.	Maloney For Congress				Transaction I Date of Disbu	rsement	/ · · · · · · · · · · · · · · · · · · ·				
	Mailing Address 49 East 92nd Street				09 /	10 / 2	2 0 0 7 °				
	City New York	State Zip Code NY 10128			Amount of Eac	ch Disbursemer	nt this Period				
	Purpose of Disbursement			011			1000.00				
	Candidate Name Rep. Carolyn B. Maloney			Category/ Type							
	Senate President	ement For: 2005 Primary Genera  Other (specify) ▼	l								
	State: NY District: 14 2008 ( Full Name (Last, First, Middle Initial)	General Electio			Transaction I	D. 14504471					
Э.	Citizens For John Olver For Congress				Date of Disbu	rsement	YYY				
	Mailing Address P.O. Box 819 PO Box 819				0 9	10 / 2	2007 <sup>°</sup>				
	City Amherst	State Zip Code MA 01004			Amount of Eac	ch Disbursemer					
	Purpose of Disbursement		I	011			1000.00				
	Candidate Name Rep. John W. Olver			Category/ Type							
	Senate President	ement For: 2008 Primary Genera Other (specify) Primary Electio	I								
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SCHEDULE B (FEC Form 3X)		Use sepe	erate schedule(s)			OR LINE	IE NUMBER: PAGE 28 / 31 nly one)							
	EMIZED DISBURSEME	ENIS		category of the Summary Page		È	21b 27	22 28a	X	23 28b		24 28c	25 29	26 30
	ny Information copied from such Reported for commercial purposes, other than													
$\vdash$	NAME OF COMMITTEE (In Full)													
$ \rangle$	American Podiatric Medical A	ssn., Inc. Po	diatry Pol	itical Action Co	omr	mitt	tee							
Α.	Full Name (Last, First, Middle Initial Issa For Congress	l)						<b>Trans</b> Date				52446 nt	7	
	Mailing Address P O Box 760	)						0 <sup>M</sup> 9	M	/ D	1 0	/ Y	žoŏ	7 <sup>Y</sup>
	City Vista		State CA	Zip Code 92085				Amou	unt o	f Eac	h Dis	bursem	ent this	Period
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	Candidate Name Rep. Darrell E. Issa				С	ate Ty	gory/ pe							
	Office Sought: X House Senate President		ement For: Primary Other (spe	2008 General ecify) ▼										
	State: CA District: 49	2008 P	rimary Ele	ectio										
В.	Full Name (Last, First, Middle Initia Van Hollen For Congress	l)						Date	of Di	isburs	seme	52448 nt		
	Mailing Address 10605 Conc	ord St., Ste 2	202					0 <sup>M</sup> 9	М	/ D	1 0	/ Y	ž 0 ŏ	7 <sup>Y</sup>
	City Kensington		State MD	Zip Code 20895				Amou	ınt o	f Eac	h Dis	bursem	ent this	• • •
	Purpose of Disbursement				Г	0.1				_			1000	.00
	Candidate Name Rep. Chris Van Hollen				С	01 ate Ty	gory/							
	Office Sought:  X House Senate President		ement For: Primary Other (spe	2008 General										
	State: MD District: 8		rimary Ele	ectio										
C.	Full Name (Last, First, Middle Initia Christopher Shays For Congre		ee					<b>Trans</b> Date		isburs	seme	52447 nt	8	
	Mailing Address Rear Buildin 98 East Ave							0 9	М	/ D	1 0	/ Y	žoŏ	7 <sup>Y</sup>
	City Norwalk		State CT	Zip Code 06851				Amou	ınt o	f Eac	h Dis	bursem	ent this	
	Purpose of Disbursement					01	1			-			1000	.00
	Candidate Name Rep. Christopher Shays				С	_	gory/							
	Office Sought: X House Senate President	X	ement For: Primary Other (spe											
_	State: CT District: 4	2008 P	rimary Ele	ectio										
s	SUBTOTAL of Disbursements This F	Page (optional)					<u> </u>		·				3000.	.00
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TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	<u> </u>	X 23 28b	24 28c	25 29	26 30b		
Any Information copied from such Reports and Statem							s		
or for commercial purposes, other than using the nam  NAME OF COMMITTEE (In Full)	and address of any political co	mininuee to s	Olicit Contrib	นแบกราช	iii such C	ommuee			
American Podiatric Medical Assn., Inc. Po	diatry Political Action Com	ımittee							
Full Name (Last, First, Middle Initial)				ction ID:	-	70			
Moore For Congress				Disburse		Y Y	Y		
Mailing Address PO Box 16646			0,0	1	0 / Y	ž 0 ŏ 7			
City Milwaukee	State Zip Code WI 53216		Amount	of Each	Disburse	ment this F	Period		
Purpose of Disbursement	Г					1000.0	00		
Candidate Name		011 Category/							
Rep. Gwen Moore  Office Sought: X House Disburse	ment For: 2008	Туре							
Senate President X	Primary General Other (specify) ▼								
	rimary Electio								
Full Name (Last, First, Middle Initial)  Red Rooster Leadership PAC			Date of	ction ID: Disburse	ment	75			
Mailing Address 228 S. Washington Stree Suite 115	et		09	/ D 1	0 / Y	ž 0 ŏ 7	, <sup>Y</sup>		
City Alexandria	State Zip Code VA 22314		Amount	of Each	Disburse	ment this F	-		
Purpose of Disbursement		011				2500.0	00		
Candidate Name		Category/ Type							
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)								
Full Name (Last, First, Middle Initial)			Transac	ction ID:	1/52///	21			
Boucher For Congress Committee				Disburse		J 1			
Mailing Address PO Box 2000			0 9 M	/ D 1	0 / Y	ž 0 ŏ 7	, <sup>Y</sup>		
City Abingdon	State Zip Code VA 24212		Amount	of Each	Disburse	ment this F	Period		
Purpose of Disbursement		011				1000.0	00		
Candidate Name Rep. Rick Boucher		Category/ Type							
Senate President X	ment For: 2008 Primary General Other (specify)								
State: VA District: 9 2008 P	rimary Electio								
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SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)			E NUMBER: PAGE 30 nly one)					0 / 31	
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or for commercial purposes, other than using the name  NAME OF COMMITTEE (In Full)	and address of any political co	ommuee	to Solic	SIL CONTIN	bulloris ir	om such	COITIII	iiilee		_
American Podiatric Medical Assn., Inc. Po	diatry Political Action Com	nmittee								
Full Name (Last, First, Middle Initial)				Transa	action ID	: 14572	149			
Friends of Max Baucus					f Disburs		v		V	
Mailing Address Box 586				0 9		24	2	0 ŏ 7		
•	State Zip Code MT 59624			Amour	nt of Each	n Disburs	-			Ī
Purpose of Disbursement	Г						2	250.0	0	
Candidate Name Senator Max Baucus		011 Category Type								
Office Sought: House Disburse	ment For: 2005	i ype								
X Senate President	Primary General Other (specify) ▼									
	eneral Electio									_
Full Name (Last, First, Middle Initial)  3. Upton For All Of Us					action ID f Disburs	: 145724 ement	462			
Mailing Address P.O. Box 490				0 9	/ D	24	ž	0 ŏ 7	Υ	
•	State Zip Code VII 49085			Amour	nt of Each	Disburs	ement	this P	eriod	_
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Candidate Name Rep. Fred Upton		011 Category Type	/							
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Full Name (Last, First, Middle Initial) Volunteers For Shimkus					action ID f Disburs	: 145724 ement	454			
Mailing Address P.O. Box 5458				0 9	/ D	24	y y 2	0 ŏ 7	Y	
•	State Zip Code L 62705			Amour	nt of Each	n Disburs	ement	this P	eriod	_
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Candidate Name Rep. John M. Shimkus		011 Category Type								
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	imary Electio									
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S	CHEDULE B (FEC Form	3X) Use seperate	schedule(s)		NUMBER:	PAGE 31/31					
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	y Information copied from such Reports for commercial purposes, other than us										
$\overline{\ }$	NAME OF COMMITTEE (In Full)										
/	American Podiatric Medical Assi	n., Inc. Podiatry Politica	al Action Comr	nittee							
	Full Name (Last, First, Middle Initial)				Transaction ID: 145	 572451					
۹.	Hall of Fame PAC				Date of Disburseme						
	Mailing Address 1717 Dixie Hig Suite 180	hway			09 / 24	<sup>Y</sup> 2007 <sup>Y</sup>					
	City	•	Code		Amount of Each Dis	bursement this Period					
	Ft. Wright	KY 41	1011			0500.00					
	Purpose of Disbursement			011		2500.00					
	Candidate Name		C	ategory/ Type							
	Office Sought: House	Disbursement For:									
	Senate	Primary	General								
	President	Other (specify)	▼								
	State: District:	1									

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